Submission from AFAO to the House of Representatives
Standing Committee on Community Affairs Inquiry into
Australia's International Health Program

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Introduction

1. The Australian Federation of AIDS Organisations (AFAO) has an interest in Australia’s International health programs as a non-government organisation with a growing involvement in the delivery of HIV/AIDS programs outside Australia, and as a body with links with non-government HIV/AIDS service organisations internationally.

2. This submission will concentrate on matters specifically concerning HIV/AIDS, in relation both to the work of non-government agencies and to Australian government efforts. As well, some more general remarks will be made concerning the role of non-government organisations in Australia’s international health programs.

Background

3. AFAO is the peak body of Australia’s non-government AIDS agencies. AFAO’s constituents are AIDS councils in every state and territory, and national organisations representing sex industry workers, injecting drug users, and people living with HIV/AIDS. AFAO’s major activities are in the areas of policy development, advocacy and training.

4. AFAO has a well established international program. The following activities have been conducted under this program:

   - study tours for community based HIV/AIDS workers from the Asia and Pacific regions. The third such tour was conducted in May 1992. The tours have included training components, and participant visits to HIV/AIDS community-based organisations in NSW, Victoria and the ACT. The tours are funded by the Australian International Development Assistance Bureau (AIDAB);

   - an AIDAB funded partnership with five community based organisations, in Thailand, Philippines and Malaysia. These organisations work at grass roots level with communities particularly affected by HIV/AIDS, including gay men and sex workers. AFAO provides funding, training, logistical and planning support, and monitors and reports on the projects to AIDAB;

   - regional networking activities, including regional meetings for non-government organisations in the Asia/Pacific regions, with World Health Organisation Global Program on AIDS (WHO GPA) funding, and assistance with the establishment of the Asia Pacific Council of AIDS Service Organisations, the regional grouping of the International Council of AIDS Service Organisations (ICASO);

   - training and networking of Australian non-government agencies working in development, through AIDAB funded joint projects of AFAO and the Australian Council for Overseas AID (ACFOA);

   - regional needs assessments and project planning including activities in Indonesia, SE Asia, the western Pacific and Papua New Guinea, mainly with AIDAB funding;

   - international liaison with HIV/AIDS non-government organisations, bilaterally and multilaterally through ICASO.

The impact of HIV

5. At present, programs on HIV/AIDS are a relatively small part of Australia’s international aid effort. AIDAB has noted that expenditure on HIV/AIDS activities
in 1991-92 comprised 0.175 % of Australia’s total overseas aid program$^1$ and 9 per cent of AIDAB’s country programs expenditure on health in 1990-91$^2$. AIDAB’s level of expenditure on HIV/AIDS related aid has increased in each of the past five years, but at a slower rate than the rate of increase in HIV infection in recipient countries.

6. The scale of the HIV pandemic is such that it already has a significant impact on Australia’s international relations, principally through its effects on national social and economic infrastructure. This impact has varied, given the different profile of HIV in different countries. HIV has been most devastating in certain central African nations, whose experience of Australia is principally as an aid donor.

7. Different considerations apply in the Asian and Pacific regions, where the potential for very rapid spread of HIV exists, and where its incidence to date has varied greatly, for example:

- Thailand has a major HIV/AIDS problem, and its effects on Thailand’s economic performance are likely to become more evident in the near future;

- the incidence of HIV in India is growing sharply, and action by national government and non-government organisations to reduce its spread is still in its early stages;

- there are fears that HIV could expand rapidly in the Philippines, Burma and the states of Indo-China, causing the same dislocations to life, medical services and economic development as is already apparent in Thailand;

- there is some incidence of HIV in most Pacific island nations, but, while numbers are still low, the very small population size of some of these nations means that relatively small numbers may nevertheless have a major impact;

- incidence of HIV in both PNG and Indonesia is low and there is some evidence of government activity directed towards ensuring that this remains so, but relevant contextual factors, such as the level of STDs and population mobility indicate that the potential exists for the rapid spread of HIV.

8. The impact of HIV/AIDS on social and economic infrastructure is particularly severe as it is likely to affect populations in the prime of their working lives. In the case of developing countries with very little health infrastructure, and with relatively small educated elites, the advent of HIV can and has caused severe development problems.

Models for minimising the impact of HIV

9. Experience with HIV/AIDS has served to confirm the growing international consensus that health promotion and threats to public health are best dealt with through integrated public policy approaches, emphasising the partnership between communities, health professionals, institutions and governments. This consensus received concrete expression in the 1986 Ottawa Charter, to which Australia is a signatory. The principles of the Ottawa Charter have become widely accepted as the guiding principles of the WHO programs, including the global program on AIDS.

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$^1$ AIDAB submission to the inquiry, published on p377 of volume II of submissions

$^2$ ibid. p 305
Australia's experience

10. Australia's response to HIV/AIDS has been largely consistent with the principles of the Ottawa Charter, and has relied in substantial part on a partnership between the various levels of government, the health professions and health institutions, and the communities most affected by HIV. This partnership has found expression through funding provided to community based organisations (largely AIDS Councils) through the Commonwealth/State matched funding program, support for community based projects through the Commonwealth AIDS Prevention and Education program, and support for community based training activities and home care provision. Research activities have also been part of an integrated partnership approach, with encouragement for research collaborations, between research institutions and community based organisations, particularly in social research fields.

11. It is increasingly apparent that the epidemiology of HIV in Australia is assuming a unique character. Like other pattern 1 countries, HIV in Australia was initially most prevalent in populations of gay men and people with haemophilia. However, unlike other comparable countries, HIV has not gone on to spread significantly beyond these groups. In particular, the prevalence of HIV among injecting drug users and sex workers remains low.

12. A strong case can be made that Australia's success in limiting the spread of HIV is a consequence of the partnership and community development model for dealing with HIV/AIDS adopted in Australia, especially since 1985. This model has seen cooperation between all levels of government and between government and non-government sectors in relation both to health education aimed at reducing the transmission of HIV, and to a range of measures designed to minimise the impact of HIV.

Australia's expertise

13. One of Australia's principal areas of expertise in relation to HIV/AIDS lies in the projects and strategies developed as part of the partnership between non-government community based organisations, the health profession and government. Particular aspects of this expertise include:

- strategies for providing support to non-government organisations involved in community development;

- the development of explicit health education programs, developed by, and closely targeted to, communities most at risk from HIV;

- strategies for developing political and government support for activities involving marginalised or stigmatised groups;

- effective programs and projects directed at gay men, injecting drug users, and sex workers, including the establishment of needle exchanges and the promotion of condom use; and

- development of the capacity for national representation of the community based sector, and for international activities co-ordinated by the national peak body.

14. Australia has achieved a high degree of success in its pragmatic, non-coercive response to the fight against HIV/AIDS. This response, similar to that of Norway, Denmark, The Netherlands, and Switzerland is based on information, education and consensus is the closest to the approach of the Ottawa Charter. This public policy
has included substantial involvement by the affected communities. In supporting and representing the community sector in Australia, AFAO believes that it is well placed to provide expert advice and assistance to parallel community based organisations overseas. AFAO needs operational funding for the position of an International Programs Manager to ensure Australia’s continued and increased participation in the global effort against HIV/AIDS.

Australia’s future role - bilateral activities

15. There has already been considerable success in the application internationally of some of the expertise of Australian community based HIV/AIDS agencies. In particular, AFAO’s partnership program with the Philippines, Malaysia and Thailand has proved effective in providing direct support, with a minimum of bureaucracy, to community based organisations operating in very difficult contexts.

16. The number of partnership projects between AFAO and community based non-government agencies in the Asian and Pacific regions should be increased. These projects should be supported through an increased level of funding through AIDAB.

Australia’s future role - multilateral activities

17. Possibilities for the conduct of bilateral projects very often depend on prior multilateral activities. In particular, there remains a need for government to become sensitive to the urgency of implementing programs to minimise the transmission and impact of HIV, and for such programs to be implemented in co-operation with the communities most affected. Multilateral agencies have a useful role in this regard, and in assisting to co-ordinate a global response to the HIV pandemic.

18. In spite of some criticisms of its role, the WHO GPA has been the most important multilateral agency in relation to HIV/AIDS. Australia’s contribution to the GPA core budget has been small. When seen in the light of comparable countries’ contributions such as Sweden, Norway, The Netherlands, Canada and Denmark it is much less than would be commensurate with Australia’s overall aid role. (see table below)

1991 Core Donors and contributions to GPA

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Plus 10 donors contributed US$ 2.8m in designated funds³

19. The Australian contribution to the WHO GPA should be increased and Australia should play a more active role in setting the GPA’s direction. In particular, Australia’s successful experience with partnerships with non-government organisations should be translated to GPA context, and Australia should support a greater emphasis on support from the GPA for non-government agencies.

20. Australia is a member of the Western Pacific Region of WHO (WPRO). The WPRO office includes a regional program of GPA, which has made frequent use of Australian expertise and consultants. There could be a greater direct contribution to the work of WPRO, particularly by support for particular posts and for short term consultancies. The work of both GPA and WPRO is an essential complement to what can be achieved through bilateral programs.

20. AFAO has been active in supporting the international networking of community based HIV/AIDS organisations, especially through ICASO and its Asia Pacific regional grouping. It is notable that the role for Australian community based non-government organisations in HIV/AIDS has been well accepted in the Asian and Pacific regions, unlike the experience with many government to government programs. While the experience of non-government organisation networking in the region has been successful and immensely valuable, its scope has been limited by a lack of resources.

21. Australia should provide support to help strengthen the regional secretariat of the International Council of AIDS Service Organisations. The secretariat is based in Manila and its work would be greatly assisted by the provision of staffing and adequate communication and infrastructural resources.

22. Australia has developed a considerable body of legislative reform in relation to HIV/AIDS. This expertise is more or less applicable throughout the Asia/Pacific, from countries with similar legal systems (Malaysia, Hong Kong, Singapore) to countries with very different systems but who nevertheless need to consider how to adjust their often extremely general framework to deal with such issues as needle exchanges and the situation of people living with AIDS. AFAO has the ability to provide assistance and guidance with respect information on models for legislative reform.

Commercialisation and trade in services

23. There are opportunities for the international commercialisation of Australian expertise in HIV/AIDS service provision. Much of the commercial activity currently occurring in this area relates to the provision of consultancy and other services, funded either by Australian aid agencies, or international aid agencies. Given Australia’s role as an aid donor, it would be inappropriate for commercialisation considerations to guide policy in this area. Any commercialisation opportunities should remain incidental to the guiding humanitarian considerations which currently guide HIV/AIDS work internationally.

24. There are also commercialisation opportunities in medical and technical fields related to HIV/AIDS. The regulatory framework governing the operation of overseas health-related service providers in Australia is designed in part to protect the integrity of the health financing system. There is substantial public interest in

³ Source: AIDAB notes on GPA September 1992
ensuring that publicly provided health resources in Australia are not diverted unnecessarily to overseas operators. The regulatory framework governing the overseas operations of Australian health service providers should be consistent with those applying to overseas operators in Australia.

Conclusion

Australia’s interests in the Asia/Pacific region are not only humanitarian. The Asia/Pacific as a whole is a region whose growth and development over the coming decade is vital to our own economic reconstruction and national development. The consequences of an African style epidemic affecting the region could have quite serious adverse impacts on economic, political and commercial developments in our region. It is quite in order to consider these interests in allocating Australian financial and human resources to cope with the HIV/AIDS epidemic.